

## OVERVIEW

This form must be used by the juvenile justice specialist (JJS) to ensure that the appropriate tasks are completed when opening a case. This must be filed in the case record.

## EXHIBIT

## JUVENILE JUSTICE CASE OPENING CHECKLIST

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Date Stamped Court Order (JJ2 220 page 1)</li> <li><input type="checkbox"/> Assignment of case from Supervisor.</li> <li><input type="checkbox"/> DHS-3204 Acceptance Notice to the Court. (JJ2 220, page 1 &amp; JJ2 230, page 5) <b>WORD</b></li> <li><input type="checkbox"/> DHS-4526 Parent/Guardian Notification of Acceptance. (JJ2 220 page 1) <b>WORD</b></li> <li><input type="checkbox"/> Initial Contact with youth within 72 hours or document why Not. (JJ2 230, page 4)</li> <li><input type="checkbox"/> Packet from Juvenile Court including petition, Court Orders, (adjudication/disposition) and any other Court Reports, etc. (JJ2 220, pages 1-2)</li> <li><input type="checkbox"/> DHS-4737 Victim's Rights Request (if requested) (JJ2 260 pages 1-2)</li> <li><input type="checkbox"/> DD-4/DD-4A Michigan Sex Offender Registration. JJS to assist ward in obtaining and completing form. (JJ2 230 page 4 &amp; JJ2 263 pages 1-2)</li> <li><input type="checkbox"/> DHS-62 DNA Profile (if necessary (JJ2 230 page 4 &amp; JJ2 265 pages 1-3) <b>WORD</b></li> <li><input type="checkbox"/> DHS-3762 Medical Care Authorization (JJ2 290 page 1 &amp; RFF 3762 – keep a copy in case)</li> <li><input type="checkbox"/> Written notice to Family Independence Specialist or Eligibility Specialist if youth on assistance. (JJ2 230 page 5) <b>SWSS</b></li> <li><input type="checkbox"/> Social Security Card or DHS-329-A, SS-5 or DHS-223 (JJ2 230 page 5 &amp; CFF 902.16 pages 1-2) <b>WORD</b></li> <li><input type="checkbox"/> Court Ordered Restitution. Check for Nonpayment of Restitution. MC-258 (JJ2 230 page 4 &amp; JJ2 260, pages 1-2) <b>WORD</b></li> <li><input type="checkbox"/> DHS-714 Notification of the School within 10 days. <b>SWSS</b></li> <li><input type="checkbox"/> DHS-4262 Special Education Consent to Evaluation (JJ2 290 page 2) <b>WORD</b></li> <li><input type="checkbox"/> DHS-3205 Government Benefits (JJ2 230 page 4 &amp; RFF 3205, pages 1-7). <b>SWSS</b></li> <li><input type="checkbox"/> DHS-352 Determination of Funding Source (JJ2 230 page 4 &amp; RFF 352 pages 1-15). <b>SWSS</b></li> <li><input type="checkbox"/> DHS-3307-A Youth Face Sheet (Complete by the <u>5<sup>th</sup> calendar day</u> of acceptance. (JJ2 230 page 4) <b>SWSS</b></li> <li><input type="checkbox"/> DHS-261 Birth Certificate or Memo (JJ2 230 page 5-6 &amp; CFF 905.6 pages 1-14) <b>WORD</b></li> <li><input type="checkbox"/> DHS-3185 Placement and Education Record complete and Update as needed <b>SWSS</b></li> <li><input type="checkbox"/> Remove ward from detention or detention extension approved by supervisor by <u>30<sup>th</sup> calendar day</u> of date of acceptance. (JJ4 470 page 2 &amp; CFF 903.2 pages 1&amp;2). <b>SWSS</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Remove Ward from jail within <u>calendar days</u> of date of acceptance (JJ2 230 page 5).</li> <li><input type="checkbox"/> DHS-1013 Substance Abuse Assessment Instrument completed by youth in presence of JJS (Available as a case management tool only) <b>WORD</b></li> <li><input type="checkbox"/> Initial placement referrals for low, medium or high security risk youth sent to JJAU. Community placement made by JJS (JJ2 230 page 4).</li> <li><input type="checkbox"/> DHS-133-A/5-S Services Transaction – Case opened on CIMS within <u>30 calendar days</u> of acceptance date and update as needed. (JJ2 230 page 4) <b>SWSS</b></li> <li><input type="checkbox"/> Open MA (DHS-133-A register and opening on DHS-5-A) except for own home, training schools, jail, detention, and high or medium security placements. (JJ2 230 page 5 &amp; CFF 902.11 pages 1-3). <b>SWSS</b></li> <li><input type="checkbox"/> Other Medical Insurance: DCH-1354 Third Party Liability (JJ2 230, page 4 &amp; CFF 902.11 page 3) <b>WORD</b></li> <li><input type="checkbox"/> Open payments. DHS-626 Foster Care Payment Authorization (JJ2 230 page 5 &amp; CFF 904.12 page 1-10, RFF 626 Pages 1-5). <b>SWSS</b></li> <li><input type="checkbox"/> County Child Care Payments (Court Wards not eligible for Title IV-E) (CFF 902.7 page 1)</li> <li><input type="checkbox"/> Determination of Care completed within <u>30 calendar days</u>. DHS-470, DHS-470-A or DHS-1945 (CFF 903.3 pages 3-6, RFF 470 pages 1-4, 470A pages 1-4 &amp; 1945 pages 1-6) <b>WORD</b></li> <li><input type="checkbox"/> DHS-3600 Individual Service Agreement for purchased care. (CFF 913.3 pages 2) <b>WORD</b></li> <li><input type="checkbox"/> DHS-3377 Clothing Inventory Checklist (CFF 903.9 pages 1 &amp; 2)</li> <li><input type="checkbox"/> DHS-719 Child Placing Agency Form. Completed within 10 calendar days and returned to DHS worker. (CFF 913.3 pages 2 &amp; RFF 719) <b>SWSS</b></li> <li><input type="checkbox"/> DHS-634 Initial Clothing Order for Title IV-E &amp; SWBC Youth (CFF 903.9 page 1 &amp; RFF 634 pages 1-3) DHS-1291 Non Title IV-E/ADC-F) <b>SWSS</b></li> <li><input type="checkbox"/> DHS-767 Condition of Placement Agreement (Available as a case management tool) (JJ4 400 pages 1-2 &amp; JJ4 430 page 2) <b>SWSS</b></li> <li><input type="checkbox"/> Initiate referrals for treatment and support services to wards and their families within <u>30 working days</u> when wards are placed at home. (JJ4 430 page 2)</li> <li><input type="checkbox"/> DHS-4789 Initial Services Plan Classification Report and Treatment Plan completed <u>within 30 calendar days of acceptance</u> (JJ2 230 page 4) <b>WORD</b></li> <li><input type="checkbox"/> DHS 1662 Youth Health Record/ Medical complete within <u>30 calendars of placement</u>. (JJ2 230 page 5) <b>WORD</b></li> <li><input type="checkbox"/> DHS-1664 Dental exam due within <u>90 calendar days of placement</u>. (JJ2 230 page 5) <b>WORD</b></li> <li><input type="checkbox"/> DHS-201 Pre-sentence Investigation report if requested. (JJ2 210 page 1-2) <b>WORD</b></li> <li><input type="checkbox"/> DHS-221 Medical Passport completed for all wards in out-of-home placements. (JJ2 230 page 5 &amp; RFF 221) <b>WORD</b></li> </ul> |
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DHS-349 (Rev. 5-07) Previous edition obsolete. MS Word